

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lee A. Fleisher M.D.

Mailing Address 3400 Spruce St # 680

City
Philadelphia

State Zip Code
PA 19104

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pennsylvania

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2012

Transaction ID : C1848674

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gary W. Flores M.D.

Mailing Address 4913 Elm St.

City
Bellaire

State Zip Code
TX 77401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greater Houston Anesthesiology

Occupation
anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2012

Transaction ID : C1846146

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Richard M. Flowerdew M.D.

Mailing Address 38 Hedgerow Dr

City
Falmouth

State Zip Code
ME 04105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spectrum Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2012

Transaction ID : C1848330

Amount of Each Receipt this Period

83.30

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1583.30